

08/25/03  
1038 U.S.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.  
ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

LEONARD HOLTZ  
WILLIAM T. GOODMAN  
WILLIAM T. WOODWARD (1914-1994)  
MARSHALL J. CHICK  
RICHARD S. BARTH  
DOUGLAS HOLTZ  
ROBERT P. MICHAL  
TELEPHONE: (212) 319-4900  
FACSIMILE: (212) 319-5101

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Express Mail Mailing Label  
No.: EL 983 137 701 US

Date of Deposit: August 25, 2003

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

*Barbara Villani*  
Barbara Villani

Attorney Docket No. 03499/LH

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Michikazu KONDO of Ryuugasaki-shi, Japan  
Kei CHIBA of Ichinoseki-shi, Japan  
Masao SAITO of Ichinoseki-shi, Japan

Title: "OPTICAL SWITCH"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan	No. 248012/2002	filed August 28, 2002
Japan	No. 5375/2003	filed January 13, 2003

ASSIGNMENT INFORMATION FOR PUBLICATION:

- (1) NEC TOKIN Corporation  
7-1, Koriyama 6-chome,  
Taihaku-ku, Sendai-shi,  
Miyagi, Japan
- (2) NEC TOKIN Iwate, Ltd.  
1, Karakai, Ichinoseki-shi,  
Iwate, Japan

Enclosed herewith are:

- ☒ Specification (Description, Claims, Abstract): Pages 1 - 38; Number of claims 1 - 18
- ☒ Declaration and Power of Attorney ☒ executed; ☐ unexecuted (supplied for information purposes)
- ☒ 11 Sheets of drawings, Figures 1A - 11 ☒ Formal ☐ Informal
- ☒ Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.
- ☒ Certified copies of priority documents identified above
- ☒ Information Disclosure Statement; ☒ Form PTO/SB/08A
- ☒ Preliminary Amendment
- ☐ Applicant(s) Claim(s) Small Entity Status
- ☒ Change of Correspondence Address (Form PTO/SB/122)
- ☒ Receipt Postcard

	Number Filed	Number Extra	Rate	Calculations
Total Claims	<u>20</u> - 20 =	<u>0</u>	x \$18.00 =	\$
Independent Claims	<u>1</u> - 3 =	<u>0</u>	x \$84.00 =	\$
MULTIPLE DEPENDENT CLAIMS			+ \$280.00 =	\$
			BASIC FEE	\$ 750.00
			Total of above Calculations	\$ <u>750.00</u>

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: *Leonard Holtz*  
LEONARD HOLTZ  
Reg. No. 22,974

LH:bv  
12/00


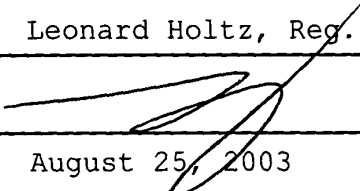
21906 U.S. PTO  
10/648864  
082503

Please type a plus sign (+) inside this box → [+]

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <i>Application</i>  <b>Address to:</b> <b>Commissioner for Patents</b> <b>Washington, D.C. 20231</b>	Application Number	
	Filing Date	Herewith
	First Named Inventor	KONDO
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	03499/LH

Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number [ 01933 ] → <i>Type Customer Number here</i>  OR		 <b>01933</b> PATENT TRADEMARK OFFICE	
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone		Fax	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  <input type="checkbox"/> Applicant/Inventor.  <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> Attorney or Agent of record.  <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.			
Typed or Printed Name <b>Leonard Holtz, Reg. No. 22,974</b>			
Signature 			
Date <b>August 25, 2003</b>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input type="checkbox"/> Total of ____ forms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.